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South Carolina Department of Social Services
ABC Child Care Voucher System

ENHANCED PROVIDER RATE FORM

The service cost to be reimbursed under this Agreement shall not exceed the maximum rate established by the ABC Child Care Voucher System for the type of care provided, nor shall it exceed the provider's facility cost for private paying clients exclusive of the Quality Incentive Bonus (QI Bonus) except when there are different facility costs charged for different ages within care types. When there are different facility costs charged for different ages within care types, the ABC Child Care Voucher System will pay up to the highest rate charged within a care type for that care type, not to exceed the maximum rates established.

The service cost shall be calculated in accordance with the following formula: rate plus a $5 QI Bonus equals service cost. The client fee, if applicable, will be subtracted from the service cost prior to reimbursement to the provider. The service costs under this Agreement are as follows:

Full-Day Care (Weekly)

Age of Child	Rate	+ QI Bonus	= Service Cost	Facility Cost	Registration Fee (If applicable)
0 thru 2	$	$ 5.00	$	$	$
3 thru 5	$	$ 5.00	$	$	$
6 thru 12	$	$ 5.00	$	$	$

Half-Day Care (Weekly)

Age of Child	Rate	+ QI Bonus	= Service Cost	Facility Cost	Registration Fee (If applicable)
0 thru 2	$	$ 5.00	$	$	$
3 thru 5	$	$ 5.00	$	$	$
6 thru 12	$	$ 5.00	$	$	$

Special Calculations in Determining Rates:

❑ Multi-Rates within Care Types ❑ Scholarships ❑ Sliding Fees ❑ Other (Explain)

Second Child Discount Percentage: _____ % off service cost. Second child discounts apply to all children except the youngest.

I certify that the facility cost, registration fee and second child discount set forth above is the actual cost that I charge private paying clients. I further certify that I shall comply with all conditions of this rate certification form as a condition of payment.

Child Care Provider: _____ Date: _____
(Signature of Owner or Authorized Agent of Owner)

Facility/Provider Name: _____ Telephone: _____

Federal ID/Social Security Number: _____ County: Select County ...